## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

017-10629

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS .			14				),	RATE	FEE	٦	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FE	<del>                                     </del>	OR		<del>}</del>
TOTAL CHARGEABLE CLAIMS			minus 20= *		*	8		X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			minus 3 = *			<b>b</b>		X43=		OR	X86=	
ML	JLTIPLE DEPEI	NDENT CLAIM P	RESENT			<u> </u>		+145=		OR	.+290=	
* If	the difference	e in column 1 is	less than zero, enter "0" in column 2					TOTAL		OR	TOTAL	290
CLAIMS AS AMENDED - PART II											OTHER	THAN
_		(Column 1)	<u></u>	(Column 2)		(Column 3)	ı	SMALL	ENTITY	OR	SMALL	ENTITY
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMBI PREVIOL PAID F	ER JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	İ	X\$ 9=		OR	X\$18=	
			Minus ***		CI AIM	=		X43=		OR	X86=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+145=		OR	+290=	
( COP							,	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Columi		(Column 3)						i
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE: NUMBE PREVIOL PAID FO	ER JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		= .		X43=		OR	X86=	
	PIRST PRESE	NTATION OF MU	LIPLE DEP	ENDENT	LAIIVI	_ · [_]		+145=		OR	+290=	
								TOTAL DDIT. FEE		OR ,	TOTAL ADDIT. FEE	
(Column 1) (Column 2) (Column 3)												
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	·	HIGHES NUMBE PREVIOU PAID FO	R SLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		= .		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=	r	X43=		12	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR	7.50-	
+145=  * If the ntry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+290=	
** H	the "High st Nur	nber Previously Pai	id For IN THIS	SPACE is I	ss than	20, enter "20."	ΔΓ	TOTAL		OR ,	TOTAL	
1	***If the "High st Number Previously Paid For" IN THIS SPACE is I ss than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											